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Female VO: The Substance Abuse and Mental Health Services Administration presents the *Road to Recovery*. This program aims to raise awareness about mental and substance use disorders, highlight the effectiveness of treatment and recovery services, and show that people can and do recover. Today's program is *The Road to Recovery 2016: Preventing and Addressing Opioid Misuse and Abuse: Our Nation's Challenge*.

Ivette:

Hello, I'm Ivette Torres and welcome to another edition of the *Road to Recovery*. Today we'll be talking about preventing and addressing opioid misuse and opioid addiction, our nation's challenge. Joining us in our panel today are: Dr. Jack Stein, Director of the Office of Science Policy and Communications, National Institute on Drug Abuse, Bethesda, Maryland; Dr. Renee Benzel, Regional Medical Director at Horizon Pharma, Rockville, Maryland; Dr. Kimberly Johnson, Director of the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, Maryland; General Arthur Dean, Chairman and CEO at Community Anti-Drug Coalitions of America, Washington, D.C.

Dr. Johnson, the media has recently been talking quite a bit about the heroin epidemic in this country. What is the extent of the problem and what is the major cause of the epidemic?

Kimberly Johnson:

Well, the epidemic really started back around 2000 with the abuse of prescription opiates like OxyContin or other medications that were for pain, and we've really seen an uptick in the heroin abuse really mostly in the past five years. And we think that it's related in some ways to people transferring from prescription drugs to heroin. The numbers of people who are abusing heroin are actually relatively small but what we're seeing is growth in the use and particularly growth in overdose deaths which has been growing quite alarmingly and that's part of what's causing all the attention.

Ivette:

Very good. Thank you. And General Dean, what do families need to understand as they are looking at this challenge in terms of the potential risk of prescription opioids?

General Dean:

Well, a couple things. First, I would say that as we talk about the media coverage before I talk specifically about the families. The media coverage has been primarily focused on the loss of lives and how we might treat people and keep them from overdosing which is very critical, but we also need to make sure that the media addresses this problem in a more holistic way. And what I mean

by that is that it's important that we talk about prevention, intervening and in addressing the problem from the very beginning and following it all the way through to the end. And I'm concerned that the media has not been doing that. Families need to be very concerned about this because the problems associated with the abuse of opioids and medicines not only impacts the individual but it impacts the family, it impacts the entire community and we need to have open conversations about it. We need to put in place safeguards within our homes to make sure that the medicines that we have been given for legitimate purposes are not being abused.

Ivette:

And Dr. Stein, talk to us about what is the non-medical use or misuse of prescription opioids?

Jack Stein:

It's really astounding when you look at the number of prescriptions that have actually been written for pain management in this country. One, we need to recognize that pain management is a legitimate and important component of our healthcare delivery system. At the same time, when you take a look at good prescribing practices, over 200 million prescriptions for pain management were issued back in 2014. That translates to several billion tablets or tabs or pills. The question, of course, is are they all being used for legitimate pain or in fact is it being diverted? And unfortunately, the reality is much of it has been diverted. In fact, if you look at the data, if you look at the statistics, a majority of people who are accessing prescription medications for non-medical use are actually getting them from family or friends or other sources. Some, of course, from their own physician but it's being diverted and it's because it's available. And General Dean is absolutely correct, we have so many opportunities to intervene early and really prevent so much of what is happening down the line in terms of the level of addiction and problems that we're seeing.

Ivette:

Very good. Dr. Benzel, what do individuals who are prescribed these medications need to be aware of? What should they be on the lookout for?

Renee Benzel:

I think that there are other pharmacologic means and non-pharmacologic means for managing pain. So you don't necessarily need to be prescribed an opiate, which in the past has been very loose, as well as who should get it. Not really stratifying patients correctly, but also giving more than is necessary for the pain generator. So I think we should be vigilant in asking do we need an opiate either for ourselves or for our children, and then secondly, only giving a limited quantity to get you through that severe pain episode.

Ivette:

Very true. Jack, Dr. Stein, we at CSAT have been going around to various universities and colleges and talking to them about prescription misuse, do parents need to be aware and who talks to these youth and young adults to warn them?

Jack Stein:

Absolutely. I like you calling me Jack, so Ivette, we can go on a first-name basis. Yeah, I don't think an issue to this level has ever caused us to stop, pause and take a close look at how in fact medicine is delivered in this country. So in medical schools and in college health units and prescribers all over the country, we're all stopping and pausing and taking a close look at how in fact medicine should be administered. So I think it's giving us a pause to step back in terms of prescribing practices in general and the families play a key role in that particularly when they're dealing with minors because a parent has that responsibility to ask those questions.

Ivette:

So Dr. Johnson, can you explain a little bit what opioid use disorder is?

Kimberly Johnson:

So an opioid use disorder is when someone—there are actually 11 symptoms of opioid use disorder. So when someone meets the diagnostic criteria for having a minimum of two of those eleven symptoms, and the symptoms are things like having cravings, having physical withdrawal and also things like getting into trouble because of your seeking or your using of the opioid use drugs.

Ivette:

Very good. When we come back, we are going to talk about how we then manage the addiction issues related to opioid misuse and opioid addiction. We'll be right back.

[Music]

Female VO:

Overdose Lifeline is an Indiana 501(c)(3) non-profit organization with the mission to carry the message of hope to individuals, families and communities affected by the disease of addiction and substance abuse. The organization was founded in 2014 by Justin Phillips after the loss of her middle son Aaron to a heroin overdose. Overdose Lifeline's programs and initiatives focus on impacting the opioid epidemic through education, harm reduction, prevention and support.

[Music]

Female VO:

Justin Phillips. Executive Director, Overdose Lifeline.

Justin Phillips:

My son, Aaron, was 20 years old, and in October of 2013 he overdosed on heroin. Something made me decide that I wanted to tell the story. That was part of the challenge for me was that denial and our inability as a family to acknowledge the real problem that existed for Aaron and the danger I did not know, I did not know, really that opioids can come with such an instant death sentence.

Female VO:

Kourtanye Sturgeon. Director of Education Program, Overdose Lifeline.

Kourtanye Sturgeon:

I remember hearing on the news about prescription medicine, prescription pain pills that kids were using it and it was harming them. I remember thinking, that's not me, I remember thinking, oh it's prescription pills, they're not dangerous.

Female VO:

Bobby Grubb, a person in recovery.

Bobby Grubb:

When you take prescription opiates you might not think you can overdose and you might not, but the odds are that you're going to start using other stronger opiates or even heroin and with the stronger opiates there's definitely a chance of overdose.

Female VO:

Carl Rochelle. Public Information Officer, Indianapolis Emergency Medical Services. Board Member, Overdose Lifeline.

Carl Rochelle:

This is a societal problem that we have to address and we have to face. Pretending it doesn't exist is not going to make it go away. It's going to allow it to get even worse and that's an area where Overdose Lifeline has a great deal of expertise.

Female VO: Justin Phillips.

Justin Phillips:

Overdose Lifeline is a non-profit based in Indiana, primarily we work out of Indianapolis but we cover the whole state. And our mission really is about stigma, addiction and providing resources to families and loved ones of individuals.

Female VO: Kourtanye Sturgeon.

Kourtanye Sturgeon:

And through May of this year 2016 we have reached about 9200 students in middle school and high school in the state of Indiana. Any community that has a need, which is pretty much across our nation, I want them to know that there's a program that can reach our youth and clearly explain to them the risk of opioids and help prevent that first use, to stop the number of people that are facing addiction or the reality of overdose.

[Music]

Male VO:

My family and friends are always with me, no matter where I may be. Sharing stories from home helps me sustain my recovery from my mental and substance use disorder. Join the voices for recovery: our families, our stories, our recovery!

Female VO:

For confidential information on mental and substance use disorders including prevention and treatment referral for you or someone you know, call 1-800-662-HELP. Brought to you by the U.S. Department of Health & Human Services.

Ivette:

Welcome back. Dr. Johnson, there are many efforts throughout government related to this epidemic. I would like for you to address what SAMHSA is doing related to it.

Kimberly Johnson:

We're doing a number of things both on the treatment and prevention side. So I'll start with prevention. Our prevention work, while we are working with the communities and trying to do primary prevention, early identification, one of the primary new efforts in prevention is preventing overdose death. So we have a number of grants and opportunities to help communities get access to Naloxone or Narcan which is an antidote to overdose. We also have some grant programs around increasing access to treatment and we have some training programs and some efforts to try to get more physicians who are—we call wavered who are able to prescribe Buprenorphine and who have more education about addiction in general so that they can treat addiction.

Ivette:

Very good. And Jack, I'm sure NIDA is also part of the effort to address this issue within the department.

Jack Stein:

We are. We work very closely with SAMHSA and other federal partners, and NIDA, of course, is the research arm of the Department of Health and Human Services with respect to drug addiction issues, and there's some really exciting things that have been happening. One in particular has been the advent of a nasal formulation of Naloxone, the antidote that we just talked about. So that's very exciting in terms of access and ease of use.

Ivette:

Very good. Dr. Benzel, the efforts within the pharmaceutical industry is also alive and well. Are they moving to address this issue in a very direct way?

Renee Benzel:

Well, I think that they have been trying to adjust or change the formulation of medications to make them more abuse-deterrent. And while we can't really call them abuse-deterrent, they are more difficult to manipulate in order to get the drug rapidly which is what one wants when typically they're addicted. But also they've tried to implement REMS programs which is where they're monitoring the use and prescribing of the drugs.

Ivette:

Very good. Dr. Johnson, can you describe the full concept of medication-assisted therapies?

Johnson:

Sure. So when we say medication-assisted treatment, we really do mean medication plus other kinds of activities, other kinds of psychosocial interventions like counseling, recovery supports. So the medications, there are right now three that are available to treat Opiate Use Disorder, and the oldest one, the one that's been used the longest is methadone and, of course, that is, you have to go to a specific clinic so that's very highly regulated. The second one that was approved 15 years ago I guess now is Buprenorphine and that comes actually in many different forms these days. And the third medication is Naltrexone and the form of Naltrexone that is appropriate for treating Opiate Use Disorder is an injectable long-acting form that people get an injection about once a month.

Ivette:

When we come back, I'm going to let Dr. Stein say what he needs to say. We'll be right back.

[Music]

Male VO:

For more information on **National Recovery Month**, to find out how to get involved or to locate an event near you, visit the **Recovery Month** website at recoverymonth.gov.

Ivette:

Welcome back. Dr. Stein, do you want to contribute what we left off in the last panel?

Jack Stein:

Sure. Our last discussion prompted me to realize the importance that we still have a lot of work to do around conveying to family members, society at large, and certainly clinicians the nature of addiction and addiction as a health problem, as a disease, because there are still different views on that for many people and it influences how practices actually deliver it in terms of the use of medications and behavioral therapies and other types of interventions.

Ivette:

And have you, has NIDA, for example, generated any kind of approaches in doing so?

Jack Stein:

I think so and I think we have to work very closely with colleagues and other federal agencies like SAMHSA and certainly to me the rubber hits the road with community and community coalitions and that's why partnerships with different stakeholder groups, particularly CADCA, makes it just so essential to help take some important research-based concepts such as why addiction is a disease and help translate it so that other people appreciate it, understand it and have an opportunity to talk about it. I think it really just shifts how we approach policy and practice.

Ivette:

Following up on the whole issue of physicians, I know that CDC, Dr. Johnson, just issued some guidelines on the prescribing of opioids for chronic pain. Can you describe pretty much what those contain?

Kimberly Johnson:

The guidelines from the CDC basically describe opioids as sort of the last line of defense against—for the treatment of pain. So they have recommendations about other kinds of pain management activities and to help physicians think about pain management as opposed to necessarily pain treatment and to think about how best to prescribe opioids. So it really changes the way that—or it's designed to change the way that physicians think about how they treat pain.

Ivette:

Dr. Benzel, in terms of, we were talking before about educating the physicians and getting them to better understand, but let's talk about also the need for the consumer to also be educated. What does the consumer need to know as they're prescribed these medications?

Renee Benzel:

As a parent, I think we need to question the prescription that we're getting for our children to be aware that for some people it just takes using an opiate one, two, three, four times before they become addicted because addiction is a disease, it's not a choice for many people. I also think that the patient themselves need to also be aware of the harm that it can do because for many people it really doesn't work to treat pain, many times chronic pain even, which is how a lot of the epidemic even started was trying to treat non-malignant pain.

Ivette:

Dr. Stein, to the best of your knowledge, what has been the most effective approach to date and what do communities really need to be aware of because General Dean certainly talked about the coalition work and about writing to the physicians and about getting to the parents, and still you see so many people that are uninformed, and as they walk into their child's room and they find them in a comatose state or in a position where they can't help them any longer, I mean help me understand this.

Jack Stein:

It's not an easy solution but the answer is somewhat easy, and General Dean had actually mentioned it earlier on in today's show, and that's a comprehensive approach. And I think the positive side of all of this is that particularly with the prescription drug problem that we're experiencing, it can be managed because we understand the source, we understand some of the intervention points in terms of better prescribing practices, prescription drug monitoring programs, so there are very specific things that have actually begun to be put into place and can continue to do so to really address this problem.

Ivette:

That's absolutely true, and when we come back, we will continue to talk about approaches to address this issue. We'll be right back.

[Music]

Female VO:

My story is yours. I am a mother.

Male VO:

I'm a father, a son...

Female VO:

... a daughter, I'm in recovery from a mental illness...

Male VO:

A substance use disorder.

Female VO:

With support from family and community...

Both VO:

We are victorious!

Female VO:

Join the voices for recovery: our families, our stories, our recovery!

Male VO:

For confidential information on mental and substance use disorders including prevention and treatment referral for you or someone you know, call 1-800-662-HELP. Brought to you by the U.S. Department of Health & Human Services.

Ivette:

Welcome back. General Dean, can you talk to us a little bit about some of the opioid use disorder prevention resources for communities and for the states?

General Dean:

I would love to do that. We have been working diligently with our federal partners to make sure that our coalitions have the best evidence-based strategies. One example is we work with our friends at NIDA and we built an online course around opioids and it's available on CADCA's website which is c-a-d-c-a.o-r-g, available free. We constantly have webinars to address medicated assisted treatment to talk about all the medicines that are available that the communities should know about.

Ivette:

Excellent. Dr. Benzel, I know that you have had some personal experience with this issue. Do you want to share that with our audience?

Renee Benzel:

Sure. So last year on January 4th I lost my oldest son, Alex, to an overdose. Alex had graduated from college. He was an athlete and actually was pursuing his passion of nutrition and exercise or sports medicine. He wanted to become a physical therapist after graduating with a 3.7 in business and political science. He was prescribed OxyContin for a two herniated disc back injury and was given short-acting and OxyContin and he became addicted. So he went to rehab. He tried very hard to get off, he really didn't want to be addicted. When he came home for the Christmas, New Year holiday last year, he overdosed in my home. A boy had injected him with heroin and he overdosed. This is, again, we've done so much in the last year to help all those in need but Narcan wasn't available. All of the first responders didn't have Narcan. There was 20 people that showed up at the house. I was doing CPR. I had no Narcan. So I think we're making huge strides and I'm just so thankful for all the hard work and efforts that everyone is doing to try to prevent so many overdoses, or at least prevent deaths from

overdoses. I mean we still have a long way to go with some of the other areas, but yes, thank you.

Ivette:

Thank you. Dr. Johnson, so speaking of the prevention of overdose and the need to continue to work in that area, I know that SAMHSA CSAT has some tools for addressing that.

Kimberly Johnson:

Yes. Sorry, I'm kind of emotional from hearing your story. So we have a toolkit, the opioid overdose toolkit that is for—that families could use or that's really for communities to address the issue of opioid overdose and has instructions for how to go about doing that

Ivette:

Very good. And now we've come to the part of the show which I allow you to give us some final thoughts and I'm going to start with you, Dr. Stein. Final thoughts.

Jack Stein:

Final thought. From the NIDA perspective, we like to believe that science really can be a big part of the solution and for evidence-based prevention treatment and recovery approaches to rely on some of the work that comes out of NIDA-funded research. The other piece is that there are some major health consequences from addiction. HIV, Hepatitis-C are significant problems related to the opioid problem and, again, need to be squarely addressed.

Ivette:

Very good. Dr. Benzel, final thoughts.

Renee Benzel:

First, I just want to thank you for having programs like this. I think it's important to remove the stigma and judgment that addiction many times has. And secondly, I also—I guess I'm just very grateful that the awareness of this problem has grown and there's so many people working hard and taking such initiatives. You know, there's so many different programs that are around the country now just to address the issue. So thank you, again, for letting me be a part of this program.

Ivette:

Thank you for being here. Dr. Johnson.

Kimberly Johnson:

I think that for anybody that has a family member or loved one that is dealing with an opioid use disorder, I just want to leave some hope I guess because actually most people do recover. It may take time. It takes good treatment, it takes

recovery supports after treatment that point in time when you leave a residential program, if that's what people are getting, is critically important. People do need, whether it's safe sober housing, whether it's peer support, whatever it is they need, actually probably lots of different things to help them get through that first couple years. So but those things can be available and are available in some communities and there is hope.

Ivette:

Thank you. General Dean.

General Dean:

We clearly care about saving lives. It's important that we prevent people from overdosing but we have to work starting upstream with prevention and work our way through to preventing the overdose. And if we do that, we can in fact change communities. We can take NIDA's signs and implement it out in communities and we can change attitudes and we can have a very, very positive impact. So thank you very much.

Ivette:

Thank you. And I want to remind our audience that September is **National Recovery Month**, a month in which we celebrate those in recovery, the individuals who provide services for those in recovery as well as those in need of recovery, and you can get more information so that you can do activities and events throughout the country and all year round, not just in September. You can get it at recoverymonth.gov. So we hope that you go out there and you not only work with your communities but work with every entity within your community to make them more aware not only about the opioid problems that exist in our nation and its solutions but also about what you can do to address them. Thank you for being here. It's been a great show.

[Music]

Male VO:

To download and watch this program or other programs in the *Road to Recovery* series, visit the website at recoverymonth.gov.

[Music]

Female VO:

Every September, **National Recovery Month** provides an opportunity for communities like yours to raise awareness of mental and substance use disorders, to highlight the effectiveness of prevention, treatment and recovery services, and show that people can and do recover. In order to help you plan events and activities in commemoration of this year's **Recovery Month** observance, the free online **Recovery Month** kit offers ideas, materials, and tools for planning, organizing, and realizing an event or outreach campaign that

matches your goals and resources. To obtain an electronic copy of this year's ***Recovery Month*** kit and access other free publications and materials on prevention, recovery, and treatment services, visit the ***Recovery Month*** website at recoverymonth.gov, or call 1-800-662-HELP.

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